PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Doctor Number		
-		CI AIMS DI								OTHE	R THAN
		CLAIMS AS (⊙	S FILEU - dumn 1)		olumn 2)	_	SMALL	ENTITY	OR		ENTITY
	FOR	NUME	NUMBER FILED NUMB		ER EXTRA		RATE	FEE	l	RATE	FEE
BAS (37 (SIC FEE CFR 1.16(a))	28	28				Basic	315	OR		5
TOT	TAL CLAIMS CFR 1,16(c))	128	minus 20		1	x : 9 .	12	OR	x s=		
INDE	EPENDENT CLAIR CFR 1.16(b))	MS 3	3 minus 3 = • (x \$=		OR	x \$=	
MUI	TIPLE DÉPENDE	ENT CLAIM PRESE	.NT C	37 CFR 1.16(d))			+ 5 =		OR	+3=	
• 11 (he difference in r	column 1 is less th	san zero, er	nter "0" in column :	2.	•	TOTAL	447	OR	TOTAL	
CLAIMS AS AMENDED - PART II											
.:					(Column 3)		SMALL	ENTITY ·	OR		R THAN ENTITY
V		CLAIMS REMAINING	T = T	HIGHEST NUMBER	PRESENT	1	RATE	ADDI		RATE	ADDI-
AMENDMENTA	'	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE			TIONAL FEE
OME	Total - prcfr liken	24	Minus	"28	= X		x \$=		OR	x s=	
EN	Independent (37 CFR 1.16(9))	3_	Minus	3	1		x s=		OR	x \$=	
¥	FIRST PRESENT	TATION OF MULTIP	LE DEPENDE	ENT CLAIM (37 CF	FR 1.18(d))		+\$=		OR	+5=	
						•	TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	
		(Column 1)		(Calumn 2)	(Column 3)					·	
8		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-		RATE	ADOI-
ENT		AFTER AMENDMENT	*	PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE			TIONAL FEE
DME	Total (37 CFR 1.15(c))	21	Minus	28			x s=		OR	x s=	
AMENDM	Independent (37 CFR 1.15(b))	2	Minus	3	-	-	x s=		OR	x s=	
₹	FIRST PRESENT	IATION OF MULTIPI	LE DEPENDE	ENT CLAIM (37 CF	FR 1.16(d))		+ 5=		OR	+ 5=	
	- :	***				,	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)									ı	•	
J		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-		RATE	ADDI-
	l!	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE		,,,,,	TIONAL FEE
MENDMENT	Total pr cra 1,14cp		Minus		=		x s=		OR	x s=	
EN I	Independent (37 CFR 1.18(b))	·	Minus	***	э`		x s=		OR	x s=	
A	FIRST PRESENT	ATION OF MULTIPE	E DEPENDE	ENT CLAIM (37 CFI	R 1,16(d))		+5=		OR	+ \$=	
						Γ.	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
:	to the entry in or	olumn 1 is less the	an the entry	y in column 2, write IN THIS SPACE i	e "0" in column ?	3.	or "20".			•	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.